

# Spinal Immobilization

1120

Indications for spinal immobilization of children are the same as for adults. Almost all moderate to severe pediatric trauma involves the head, so most injured children with more than minor injuries are likely to require spinal immobilization.

## Basic Life Support

1. Scene safety
2. BSI
3. Check ABC's
4. If patient is awake and responsive establish neutral in-line cervical immobilization. If unconscious utilize the jaw thrust maneuver to open airway to minimize cervical movement, while maintaining neutral in line cervical immobilization.
5. Always check pulse, motor and sensory in all extremities before moving patient onto long spine board.
6. Gently align head and neck into neutral position.
7. Apply padding to spine board to align neutral c-spine.
8. Have second rescuer apply a size appropriate rigid C-collar
9. Transfer patient as unit onto spine board
10. Pad all voids before securing to long spine board
11. Stabilize C-spine by using blanket rolls, towel rolls or blocks from CID (Cervical Immobilization Device). Never use sandbags.
12. Place straps across patient at level of axilla, pelvis, and legs
13. Further secure the head with tape directly over the patient's eyebrows.
14. After securing patient to long spine board – always check pulses, motor and sensory in all extremities.

## Advanced Life Support

1. It is extremely important to reassure a frightened child. The EMS professional should offer an explanation of each procedure prior to its use.

## Key Points/Considerations

Service Director Initials \_\_\_\_\_

Medical Director Initials \_\_\_\_\_

Date Approved By KBEMS \_\_\_\_\_

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